Options Autism (8) Limited

Options Kernow

Inspection report

21B Pydar Street
Truro
Cornwall
TR1 2AY

Tel: 01872278807
Website: www.outcomesfirstgroup.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this announced inspection on 18, 23 and 24 October 2018. The service was previously inspected in April 2016 when it was operated by a different provider and was found to be good in all areas. At this inspection we again rated the service as Good.

Options Kernow provides personal care to people living in their own homes in the community. It is a supported living service which aims to support people to live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection the service was providing support to 12 people with a learning disability living in Cornwall. Each person was supported by a team of staff for up to 24 hours per day.

People felt safe and well cared for by staff who's company they enjoyed. People told us, "I am happy living here", "[The staff] are nice to me" and "The staff are very good. I can have a laugh with them." People's relatives were also complimentary of the support the service provided and commented, "[My relative] is safe, [they] are very well looked after", "The staff are wonderful, conscientious and caring" and "[My relative] likes them."

All staff had completed safeguarding training and understood their role in ensuring people were protected from harm, all forms of abuse and discrimination. Staff were confident any concerns they reported to their managers would be addressed.

Each person was supported by a dedicated team of staff who they knew well. We found that the service employed sufficient staff to meet people's needs and records showed planned levels of support had been achieved. There were appropriate systems in place to ensure people needs were met during unexpected periods of staff absence and staff told us "If someone phones in sick someone else comes in within a couple of hours." The service only agreed to provided additional packages of care where suitable staff were available.

Staff were well trained and knew how to meet people's support needs. All new staff completed comprehensive induction training which included the care certificate. All training was updated and staff told us, "The training is very good" and "They give you plenty of training."

Care plans provided staff with sufficient guidance to enable them to meet people's support needs. These documents were designed to help staff to provide consistent support. Care plans included details of the level of support people normally required with specific tasks and activities. Information about people's life history hobbies and interests was included along with background information on the person needs to enable staff to provide personalised support. People and their relative's had been involved in the development and review of care plans. We were told, "I made my own guidelines up, They do what I want them to do" and "I am involved in the care plan reviews." Staff said people care plans were accurate and up

to date and commented, "The care plans are very good" and "The care plans are very informative they are the first point of call. They are kept up to date."

Risk assessments had been completed and clearly identified the actions staff must take to ensure people's safety. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Where people were at risk of becoming anxious or confused staff were provided with details of events and incidents likely to cause anxiety and guidance on how to support people to manage these issues. All staff had completed training in positive behavioural management techniques and staff told us, "We are trained in positive behaviour management techniques but we very rarely use it. Only when necessary to keep people safe. I think we have only had to use it twice in the last two years." Relative were confident these techniques were used appropriately and told us, "Very rarely do they have to help [my relative] away from situations."

All accident and incidents that occurred were documented and reported to managers for further investigation. Records showed all incidents had been appropriately investigated. This included the identification of any changes or improvements that could further ensure people's safety and prevent similar incident from reoccurring. Staff told us, "They are very good at reflective practice. We have a full de brief in response to any incidents to identify anything that could have been done better."

Staff and managers understood the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity in relation to specific decisions these had been consistently made in the person's best interest with appropriate involvement from relatives and health professionals. The service had recognised some people's care plans were potentially restrictive and was working with Cornwall Council to have these plans authorised by the Court of Protection.

The service had robust recruitment practices, which meant it only employed staff who were suitable to work with vulnerable people.

The staff team were well motivated and took pleasure in supporting people to live as independently as possible. There comments included, "I am very proud to work here", "It is one of the best places I have worked. They really do try to live up to their aims. I would rate it 10 out of 10" and "I think this is one of the top places I have worked. It really is supported living."

Staff were well supported by the service's managers and records showed all staff had received regular supervision and annual appraisals. Staff told us, "I get supervision quite regularly", "The managers are very good. I like the system here. We see the deputy manager pretty much every week and she does hands on observations" and "The managers are absolutely brilliant. They are very supportive."

There were effective quality assurance systems in place designed to drive improvements in the service's performance. Managers completed monthly audits of all aspects of care and the provider's operations manager had completed an assessment of the service's performance in relation to the Care Quality Commission's five key questions. Where any issues had been identified action plans had been developed to address and resolve these.

The service had system in place for the management and investigation of complaints and records showed all complaints received had been appropriately resolved. Relative told us they thought they would not be subject to any form of discrimination if they raised complains about peoples care and told us any issues were, "Resolved efficiently and very quickly by senior management."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

The risks management procedures were robust and designed to protect people from harm while enabling them to engage with the local community and their hobbies and interests.

Medicines were managed safely and there were appropriate procedures in place to support people to manage their finances

Is the service effective?

Good

The service was effective. Staff training was regularly updated and there were appropriate procedures in place for the induction of new members of staff.

The service worked collaboratively with health professionals and people were supported to access and balance and healthy diet.

Staff understood the requirements of the Mental Capacity Act and where people's care plans were potentially restrictive this had been raised with care commissioners for authorisation by the Court of protection.

Is the service caring?

Good

The service was caring. Staff were caring and people enjoyed the company of their support staff.

People were able to choose how to spend their time and staff respected people's decisions.

People's privacy and dignity was respected at all times.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed, informative and provided staff with sufficient guidance to enable them to provide individualised support.

Information about people's likes and interest had been recorded and people were supported to access the local community when they wished.

Staff had been provided with detailed guidance on people's communication needs and care records were available in accessible formats.

There were systems in place to ensure all complaints were investigated and resolved.

Is the service well-led?

Good

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff team was well motivated.

Quality assurance systems were appropriate and were used to drive improvements in the service's performance.

Options Kernow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection of Options Kernow took place over three days between 18 and 24 October 2018. The provider was given short notice so arrangements could be made to enable us to visit people at home. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited two people at home and spoke with another person by telephone. We also spoke with three people's relatives, six members of care staff, the deputy manager and the registered manager. Feedback was also received from two health professionals who had previously worked with the service. In addition, we inspected a range of records. This included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People felt safe with their support staff and relatives told us, "[My relative] is safe, [they] are very well looked after". People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us, "They are very hot on safeguarding training it is constantly being updated" and records showed that safeguarding training had been regularly refreshed. Staff knew how to recognise signs of potential abuse and how these concerns should be reported outside of the organisation. Staff told they were confident any concern the raised with their manager would be appropriately addressed. The service had appropriate equality and diversity policies in place, and staff received training about the Equality Act. Staff told us they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service employed sufficient numbers of staff to meet the needs of the people they supported. Each person was supported by a small staff team who they knew well. The service ensured there were enough staff to safely meet people's needs by monitoring the care packages being delivered. Staff were matched to the needs of people using the service, and new care packages were only accepted if suitable staff were available.

There were systems in place to ensure people's needs were met in the event of unplanned staff absence. Senior cares or managers were on-call seven days a week and available to cover unexpected absence if necessary. Staff rotas showed people normally received planned levels of support and staff told us, "If someone phones in sick someone else comes in within a couple of hours." The service operated a small team of bank staff who were sufficiently trained to provide support to everyone who used the service. Agency staff had previously been used to ensure people's needs were met during short periods of staffing shortages but staff told us this had not been necessary recently.

All staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required meet people's needs. Records demonstrated all necessary pre-employment checks had been completed to ensure staff were suitable for employment in the care sector. This included Disclosure and Barring Service (DBS) checks and references checks from previous employers. Where possible the service endeavoured to appropriately involve people and their relatives in recruitment processes.

Risks assessment had been completed as part of the process of developing people's care plan's. For each risk identified, staff were provided with specific instructions and guidance on how they should protect people and themselves. This included, environmental risks within the person's home risks in relation to the care and support needs of the person such as moving and handling, and risks associated with specific activities people enjoyed.

Some people were at risk of becoming distressed or confused both within their own homes or while accessing the community. People's care plans contained clear information and guidance for staff on how to meet people's needs if they became anxious. This included details of events and incidents likely to cause the

person anxiety and guidance on actions staff should take to help the person to manage these situations. Records showed all staff had received regular training updates in 'Positive Behaviour Management' techniques and people's care plan included specific guidance detailing when and how these techniques should be used. Staff said these techniques were only used when absolutely necessary to ensure people's safety and told us, "We are trained in positive behaviour management techniques but we very rarely use it. Only when necessary to keep people safe. I think we have only had to use it twice in the last two years" and "I have had training in restraint but I have never had to use it." Relative told us, "Very rarely do they have to help [my relative] away from situations."

All accidents and incidents that took place were documented on the service's electronic record keeping systems. Staff told us, "Incidents are recorded on the computer system. It prompts you to fill in the form completely." This system alerted managers whenever incidents or accidents were recorded. All such events were investigated by the registered manager to identify any changes or improvements that could be made to further ensure people's safety. Staff told us, "They are very good at reflective practice. We have a full de brief in response to any incidents to identify anything that could have been done better" and "You get quite a lot of feedback so you can make improvements."

People were safely supported with the management of their medicines. Medicine Administration Records (MAR) were fully completed and had been regularly audited by senior carers. Staff said, "We do use MAR charts and the records are always checked at each hand over." The service had signed up to the principles of the 'Stop Over Medication of People with learning disabilities' (STOMP) campaign, and people's care plans included specific guidance on the use of as required medicines. Staff told us these medicines were not used often and said they were required to seek authorisation from on-call managers before these medicines were given. All staff had received training in the administration of medicines which was regularly refreshed and there were appropriate systems in place to enable people to access their medicines while away from the service.

Some people needed help to manage their finances and there were appropriate systems and procedures in place to provide this support. Where staff made purchases on a person's behalf detailed records where kept. Financial records were regularly audited and those we reviewed were accurate and balanced.

Good

Is the service effective?

Our findings

People's needs and preferences were assessed before they started to use the service. This helped ensure the service could meet the needs, expectations and wishes of people and their relatives. The service assessments processes were robust and designed to make sure the service had a detailed understating of the persons needs prior to their initial care visit.

Care staff had the skills necessary to meet people's support needs as their training had been regular refreshed and updated. Staff told us, "They give you plenty of training", "The training is very good" and "I believe I am right up to date with training, they tell you when you are next due to do training." Most training was carried out by staff completing workbooks or online training in specific subjects such as health and safety, infection control, safeguarding, food hygiene, medicines, mental capacity and equality and diversity. However, where training involved practical skills, for example manual handling training or positive behaviour management training this was provided face to face by suitably qualified instructors. Staff told us their individual leaning styles and needs were taken into account and told us managers, "Have really gone the extra mile" to support staff to complete their training. Managers encouraged staff to further develop their skills by completing diploma level qualifications and staff told us, "I have done my [level three diploma in care]. They have encouraged me and given me additional opportunities to learn."

Staff were well supported by managers and senior carers. Staff records showed they had received annual performance appraisals, regular one to one supervision and spot check of performance. Records of staff supervision meetings showed they had provided opportunities for staff to report changes in people care needs, discuss training and for manager to share details of any change planned within the service. Staff told us, "[The deputy manager] does my supervision monthly." "I get supervision quite regularly" and "The managers are very good. I like the system here. We see the assistant manager pretty much every week and she does hands on observations."

The induction support for new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies, procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they liked to be supported. Staff were normally recruited to support specific individuals and were provided with any necessary specialist training before providing support independently.

Managers and care staff good working relationships with healthcare professionals and people were appropriately supported to access any necessary health services. People's care plans included guidance for staff on the support they would require while accessing specific services. Where people required regular medical checks or interventions their care plans provided staff with guidance on how to support the person to prepare for an appointment, how professionals should be asked to interact with the person and where any equipment required should be positioned. This guidance was designed to help people manage any anxiety associated with these appointments. Health professionals told us the service and staff team

communicated effectively and had involved them in the development and review of people's care plans.

People were supported to maintain a healthy lifestyle and have a balanced diet. Staff supported people to plan their meals, to go shopping and to prepare their own meals. Relatives told us, "The food is all cooked from scratch" and "Careful attention is also given to areas such as healthy eating." Staff had completed the necessary food and hygiene courses, and people's care plans included guidance about people's preferences in relation to how meals were prepared. Staff told "We use a menu to plan meals but [Person's name] can change [their] mind on the day so we always offer 2 or 3 options."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Management and staff had a clear understanding of the MCA and how to make sure the legal rights of people who did not have capacity to make specific decision were protected.

Care records showed best interest meetings had been held appropriately where specific decision were required. People's relatives and health professionals had been involved in these decision-making processes and relatives said, "We have been involved in best interest meetings." Records of these meetings showed where clashes in interests had been identified between people and other parties that the decision had been consistently made in the person's interest.

Staff understood the principles of the MCA and always assumed people had mental capacity to make their own decisions. Staff used a variety of techniques to support people to make individual decisions and sought consent before providing assistance. People were able decline planned care and these decisions were respected. There were systems in place to enable people or their legal representative to consent to their planned care where they had capacity to do this.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The service had correctly identified that some people's care plans were potentially restrictive and had raised these issues with Cornwall Council, who were responsible for the commissioning of these packages of care and making the necessary applications to the Court of Protection for there authorisation. On the day of our inspection staff from Cornwall Council visited the service to gather some additional information necessary to support one of these applications.

Good

Is the service caring?

Our findings

People told us they were happy and got on well with their support staff. People's comments included, "[The staff] are good fun", "The staff are very good. I can have a laugh with them", "I am happy living here" and "[The staff] are nice to me." People's relatives were also complimentary of the staff team who they felt were supportive, compassionate and caring. Relatives told us, "The staff are great, very supportive of [my relative] and friendly", "The staff are wonderful, conscientious and caring" and "[My relative] likes them."

We saw people getting on well with their support staff who they approached for reassurance and guidance without hesitation. Each person had a dedicated team of staff who they knew well and enjoyed spending time with. When a new member staff joined a person support team they were introduced gradually and shadowed experience members of staff until they had a good understanding of the person's individual needs. Staff told us they enjoyed their roles and commented, "I really do enjoy supporting [person's name]" and "I love it, they are all lovely people." People's relative's recognised that staff had a deep understanding of people support needs and commented, "They know [my relative] very well" and "The team working with my [relative] are excellent."

The service provided person-centred care to each person based upon assessment of their individual needs. Each person's care plan included information on people background, life history and current likes, interests and hobbies. Staff were motivated and clearly passionate about supporting people's independence and enabling people to live active, varied and interesting lives. Records showed people were regularly supported to go horse riding, swimming and to attend concerts and other community events.

Staff treated people with respect and we saw people were able to choose how their care and support was provided. People were encouraged and supported to make decisions about how they spent their time and to engage with a wide variety of activities they enjoyed. We saw people were in control of how their support was provided and that staff respected people's decisions. People's relatives told us, "Staff are always very good at supporting [My relative] in making her own decisions" and "[My relative] make choices where [they] are able." While staff commented, "[Person's name] picks what [they] want to do", "People can make choices. They choose when they what to go out and what they want to do" and "We use a picture board system to help [Person's name] make choices."

Some people using the service had limited verbal communication due to their health needs. These people's care plans contained information for staff about how different phrases, gestures and facial expressions might indicate whether the person was happy, distressed or in pain. This helped new staff to gain an understanding of people's individual communication styles and how they expressed their needs, wishes and preferences.

Staff also supported people to maintain relationships that were important to them and their care plans included guidance on how this should be achieved. For example, one person enjoyed writing to their relatives, and this person's care plan included clear instructions for staff on how to support the person to do this.

Care plans included guidance for staff on how to ensure people's privacy and dignity was protected at all times. When people required assistance this was provided discreetly and all personal care was provided within the privacy of the person's own bedroom. Where appropriate, care plans provided staff with guidance on how to prompt and encourage people to take on responsibility for aspects of their own care.

People's confidential personal information was stored securely and were information was shared digitally this was done via secure password protected devices.

Good

Is the service responsive?

Our findings

People's care needs were assessed by the service's managers before new packages of care were agreed. Managers met with people in their homes as part of the assessment process to identify their specific needs, wishes and preferences. Information gathered during the assessments was combined with information from relative, health professionals and commissioner to form the basis of the person's initial care plan.

People's care plans were detailed, informative and comprehensive. They provided staff with clear guidance on the person's individual needs and how they preferred to be supported. Details of people's morning and evening routines were recorded with guidance for staff on the level of support the person normally required for each specific task. For example, one person's care plans stated, "[Person's name] can wash [their] hair very well on [their] own with verbal prompting to use two hands but sometimes needs support staff to do the areas that [Persons name] finds difficult." The detailed guidance provided helped ensure different staff members gave support consistently. Staff told us people's care plan's were accurate and up to date. Their comments included, "The care plans are very good", "The care plans are very informative they are the first point of call. They are kept up to date" and "The care plans get updated regularly."

People and were appropriate their relatives were involved in the process of reviewing and updating their care plans. One person told us, "I made my own guidelines up. They do what I want them to do." While relatives said, "I am involved in the care plan reviews", "[My relatives] care plan was shared with us and updated last year, with much input from ourselves" and "[My relatives] care plan is fine. It is up to date."

In addition, one page summary care plans had been developed for each person who used the service. These documents included brief details of the person's support needs, information about activities they enjoyed and what people like about them. Staff had also been encouraged to complete one page profiles about themselves, this information was displayed on the service's notice board and had been shared with the people they supported.

Daily care records were kept in the folders in people's homes and completed by staff detailing the support they had provided each day. These records were sufficiently informative and included detailed of the activities people had engaged with, the support staff had provided and notes on any observed changes in the person's needs. Where any significant incidents or event occurred, these were recorded on the provider's digital record keeping system and immediately shared with senior staff. Where people received 24 hour support there were appropriate system in place for the handing over of information between staff at the beginning and end of each care shift.

Records showed staff supported people to engage with a variety of tasks and activities they enjoyed both within the service and in the local community. People told us they were able to choose how they spent their time and records showed people lived interesting and varied lives. We saw people were allocated additional staff support in the evenings to enable them to go if they wished. One person told us, "I like to go to the pub" while staff said, "People are able to go out and do what they want." Care records showed people were regularly supported to go out in the evening to attend the theatre, go to the cinema or concerts. Staff

commented, "The best bit is people are quite active and you can support them to do so much. It is great fun."

Daily care records were returned to the service's office regularly and audited to ensure information had been accurately and appropriately recorded. Where any trends or patterns in behaviour had been identified, during these audits or reported by staff, people's care plans had been reviewed. This process had recently led to significant changes in one person's daily routines. Staff had identified and daily records demonstrated that this person's behaviour in relation to washing in the morning was adversely impacting on their ability to access the community and engage with activities outside their home. As a result changes had been introduced and the person was now supported to wash in the evening. Staff told us these changes had been beneficial and commented, "[Person's name] routine had been changed and this has had a positive impact on his lifestyle" and "[person's name] routine is a lot more open now and he is able to participate in activities." This person's relative told us "They have changed routines to help [my relative] get out and do things."

Some people had difficulty accessing information due to their health needs. Details of people's individual communication styles were clearly recorded in their care plans and staff knew how to communicate effectively with people. Relatives told us, "All staff seem to find effective ways to communicate with [My relative] once they get to know [them]." Information on the Accessible Information Standard was available in the services offices and care records demonstrated the service was identifying, recording, highlighting and sharing details of people's communication needs in line with guidance. For example, one person's care plans included definitions of key words and phrases the person used regularly and detailed of how changes in this person's use of language indicated when they were becoming anxious.

The registered manager had recognised that some people were unable to easily access written information. In order to support people to participate in the process of developing and reviewing their care plans people had been encouraged and supported to develop versions of their care plans in accessible 'easy read' (pictorial) formats. The registered manager explained that people had chosen to develop these documents in different formats and styles and had enjoyed this process. One person had declined to participate as they did not want their care plan to include pictures and this decision was respected.

People understood how to make complaint's and information on the service's complaints procedures was readily available to each person in an accessible format. People's relatives did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint and were comfortable raising issues with the service's manager. Where complaints had been received they were documented, investigated and resolved in accordance with the service's policies. Relatives told us that where they had raised issues these had been, "Resolved efficiently and very quickly by senior management." Records showed the service and staff team were regularly complimented by relatives and health professionals for the quality of care and support they provided.

Where people had expressed preferences in relation to how they would like to be cared for at the end of their lives this information had been recorded within the person's care records.

Good

Is the service well-led?

Our findings

People were happy and well supported. They knew both the registered and deputy managers and told us, "The managers are nice." Relatives were complimentary of both the service's overall performance and managers responses to any issues that had occurred. Relative's comments included, "The managers are great they step in and take action if anything is needed" and "I think they are the best thing since sliced bread." The registered manager was confident the service met people needs and told us, "We are quite proud of our service. I don't believe [people] will find a better package than what we provide."

The staff team were well motivated and took pleasure in supporting people to live in their own homes. Staff were passionate about their roles and complementary of the service which enabled them to support people to live as independently as possible. Staff comments included, "I am very proud to work here", "I have worked in a lot of different services and for different companies and this is the best. I love it here", "It is one of the best places I have worked. They really do try to live up to their aims. I would rate it 10 out of 10" and "I think this is one of the top places I have worked. It really is supported living."

People and their relatives we spoke with were complimentary about the care and support their relative received. Comments included, "Everybody are so easy to talk to", "Everything is going very well, can't fault them" and "The manager calls quite often to see how things are."

There was a registered manager in post who had the overall responsibility for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was supported by a full-time deputy manager and an administrator. The roles and responsibilities of both manager were well defined and understood by staff and people's relatives. Both of the service's managers were supernumerary and not routinely allocated to provide support. Each person the service supported had their own staff team that was led by a senior carer. Senior care spent most of their time working along side care staff. However they were allocated some administration time each week to focus on their leadership responsibilities which included, reviewing care plans, risk assessments, and providing supervision and support for care staff. One senior care told us, "I do get some administration time. I have an office day on Monday."

Managers recognised and respected the staff team's knowledge and understanding of people's support needs. Team meetings were held regularly and staff were encouraged to make suggestions for any changes that could be made to improve the quality of support the service provided. Staff said, "You feel listened to here. You can raise anything and you are not shot down." Staff were well supported and felt comfortable seeking guidance from managers when required. Their comments included, "I find them approachable and easy going. You can raise anything with them", "The managers are absolutely brilliant. They are very supportive" and "The managers could not be more helpful. At the end of the day they just want what is best

for the clients."

The provider of this service has changed since our last inspection. The registered manager told us this change had been beneficial and commented, " 'Options' have not impacted on delivery at the ground level and have introduced useful systems." The registered manager told us she was well supported by the provider's operations manager who visited regularly. The registered manager comments included, "[The operations manager] responds when we need her", "If I can't get hold of my line manager I can call the director and they call me straight back" and "They are quite compassionate as a provider."

The service's quality assurance systems worked well and were designed to drive improvements in the delivery of the service. Audits were completed each month to monitor the quality of support people received. As part of the audit processes managers visited people and spoke with them about their needs while reviewing available records and information. This included reviews of people's medicine administration records, care plans, financial records and risk assessments to ensure their accuracy. In addition, the provider's operations manager had completed an assessment of the service performance in relation to the Care Quality Commission's five key questions. Where any issues, were identified with the accuracy of recorded keeping or quality of service provided, action plans had been developed to address and resolve these issues. Each action plan clearly identified the specific issues, what was to be done to resolve the issue, when this was to be completed and who was responsible for ensuring the action was completed. Record showed that where action plans had been developed they had been regularly reviewed by the provider to ensure all issues were addressed and resolved.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment. There were appropriate systems in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, where necessary, staff told us managers had made reasonable adjustments to support their individual needs. The service had an Equality and Diversity policy in place which staff were required to read as part of their induction.

People's care records were held securely and confidentially, in line with the legal requirements. The service had notified CQC of various events and incidents required by law, which assisted us to monitor the service.